	E OF CALI	FORNIA EXPENSE CLAIM	Traveler ID		#/		aby state	nent on R	evers	se Side			O YES		
STD. 262 (REV. 10/92)		210			STAFF						age	of	Pages		
			al Year 2008TEC1841 8-2009			SSN OR EMPLOYEE NUMBER*					OP	RTMENT R			
Secretary of Volunteering and					ID NO.: MPT	Ca	California Volunteers				•		PCA # 11100		
RESIDENCE ADDRESS*						HEADOLIABTERS ADDRESS 1110 K Street Suite 210							TELEPHONE NUMBER 916-323-7646		
CITY			STATE		ZIP CODE CITY		ramento			STATE CA			ZIP CODE 95814		
Sacrament (1) MONTH/YEAR		(3)	CA (4)	(5) MEALS		Sacramento		(7)	NSPORTATION			(8)	(9)		
Mar 2		LOCATION	`"					(A)	(B) (C)		(D) PRIVATE CAR USE			TOTAL EXPENSES	
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	COST OF TRANS.	TYPE USED		MILES		BUSINESS EXPENSE	FOR DAY	
		•										1			
3/25	730	Sac/San Jose/SF									180	94.00		94.00	
3/26	1630	SF/Sac	ŀ				\$6.00				95	47.50		53.50	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0.00	
<del></del>					-							\$0.00		\$0.00	
					To the state of th	Tana a	C. E.	VE		$\overline{1}$		\$0.00		\$0.00	
	-				enderda, edilization (2005).		III. 0 - 6		despreadants of	WIEDWICH TO		\$0.00		\$0.00	
					تأسينا		DN Z S		k	, in the second		\$0.00		\$0.00	
						OFFICE UI ADMII	PLANNIN ISTRATIVA	ESTESEAR Services				\$0.00		\$0.00	
												\$0.00		\$0.00	
												\$0.00		\$0	
(10)	SUB.	TOTALS	· · · · · · · · · · · · · · · · · · ·				\$6.00				\$28	I 3 141.5		147.50	
**************************************		DEUMN-CODE (ACCTGIUSE	(ONEY)				00000000000000000000000000000000000000		1000	CLAIM	TOTA	L S	\$	147.50	
1111 811		TOIR DEMARKS AND DETAILS (AMO	ah sansinta/yayaha	ra when requ	irod\					· · · · · · · · · · · · · · · · · · ·			UBK HUI IBS		
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  Spoke at CSECC Thank You Breakfast, spoke at Cisco event, held a workshop at National											(13	(13) PRIVATE VEHICLE LICENSE NUMBER			
Service Learning Conference, attended National Youth Leadership Council's Board event											/1	4ybd289  (14) MILEAGE RATE CLAIMED			
Stayed with Commissioner - no hotel costs											Ì	.50			
<del></del>											AGENCY ACCOUNTING OFFICE				
											PAID	PAID BY REVOLVING FUND CHECK NUMBE \$0.50			
THERE	BY CERTIF	TY That the above is a true statement of	the travel expense	es incurred by	me in accorda	ance with DPA	rules in the s	service of the St	ate of	California. n the rate	lf a		φı		
		have met the requirements as prescribe	ed by SAM Section	DATE	, 0752, 0753, a	nd 0754 perta	_	of OFFICER A			ELAND	PAYMENT	DATE		
	\ \\_	SIGNATURE /		6/1	24/10		Mi	D. E	N	M			6·2	8.10	
(17) SP	ECIAL EXP	ENSE AUTHORIZATION - SIGNATUR	E and TITLE (See	Item 17/on re	everśe)	`			(	/			DAIE		